



502d Security Forces Squadron



Installation Entry Authorization List (EAL) Request

Sponsor Please Complete Below

Event Title: _____
EAL Start Date/Time: _____ EAL Expiration Date/Time: _____
Location of Event: _____
Sponsor Rank/Name/Unit: _____
Sponsor's Duty Phone #: _____ Contact # During Event: _____
Comments: _____

EAL REQUIREMENTS:

1. Submit this form and a typed guest list (hand written lists will **not** be accepted). **Do not** include Military/DOD ID Card holders on list, **only** non-military and non-DOD ID card holders. The guest list must contain the following information for each guest in attendance:
 - a. Name: (Last, First, MI) (As shown on Driver's License/ID Card)
 - b. Date of Birth
 - c. Address
 - d. Driver's License number and State of Issue (or *SSAN if no driver's license)
 - e. Vehicle Information (if driving) – Make/Model/License Plate# (**Only** for people driving vehicles)
 - f. ***(If a person doesn't submit a SSAN or a DL # then they must come to the Visitor Registration Center in person for vetting prior to receiving a pass)**

The guest list will be in **alphabetical order** and **MUST BE TURNED IN TO THE VISITOR CONTROL CENTER NO LATER THAN 10 DUTY DAYS PRIOR TO THE EVENT**. You will be notified of any guests not allowed to enter the installation due to derogatory information found during the vetting process.

2. Ensure all guests have some form of a valid photo identification (i.e. Driver's License) to present to the gate guard upon arriving at the designated gate. **All event attendees must use the Designated Gate for access onto FSH.**
3. Guest list may be submitted to FSH.VCC@conus.army.mil. If you don't have access to email you must submit the guest list in person to Bldg 260, Pass and ID located at the SW corner of Wilson St and N New Braunfels Avenue.
4. At the conclusion of the event, notify the BDOC at extension (210) 221-2222 to certify all guests have departed the installation.
5. **Signature of Sponsor/Authorizing Official:** _____

SECURITY FORCES COMPLETE BELOW

SF Personnel receiving/authenticating EAL: _____
Date/Time Received: _____
Posted By: _____ Date/Time Posted: _____